



CENTRON SECURITY SERVICES

Daily Security Report

Client No. 2036		Client Name O.H. MATERIALS				Location 10020 SWEGO, ST. UTICAH				Date 12/29/86															
Facility Equipment	Detex Clock	Weapon No.	Holster	Nightstick	Raincoat	Flashlight	Other GATE + TRAIL KEYS																		
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.		Officer—Day Shift (Name) Kenneth Fralich				Officer—Swing Shift (Name) Dick Kokoszki				Officer—Grave Shift (Name) COATES, EUGENE															
		Shift Began 8 AM-PM Ended 4 AM-PM				Shift Began 4 AM-PM Ended 12 AM-PM				Shift Began 12 AM-PM Ended 8 AM-PM															
Observations or actions taken	Yes	No	Explanation				Yes	No	Explanation																
Rounds or stations missed		<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>																	
Unlocked doors, gates or windows		<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>																		
Unlocked vaults or safes		<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>																	
Fire-smoke-or hazards		<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>																	
1. Extinguishers missing or defective		<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>																	
2. Sprinkler system defective		<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>																	
3. Fire doors or exits blocked		<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>																	
4. Rubbish accumulation		<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>																	
5. Motors running		<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>																	
6. Lights left burning		<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>																	
Injury hazards		<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>																	
Visitors	<input checked="" type="checkbox"/>		E.P.A. Jerry Mariscal & Rig all men on site				<input checked="" type="checkbox"/>		RIG ALL MEN ON SITE & JERRY																
Trespassing		<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>		MARISCA (EPA)																
Violation of company rules		<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>																		
Remarks E.P.A. Jerry Mariscal & Rig all men on site. Check. Inspected all Doggett inspected Fumelle's work. He said he would send card to Ziegler to check (EPA) VISUAL OK. MADE																									
OT PERIMETER OF BLDG. EVERY HR. (RK)																									
IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.																									
1. Were you injured during this tour?		Day Shift		1.		2.		3.		Swing Shift		1.		2.		3.		Grave Shift		1.		2.		3.	
		Yes		No		Yes		No		Yes		No		Yes		No		Yes		No		Yes		No	
2. Did you suffer any illness?		Yes		No		Yes		No		Yes		No		Yes		No		Yes		No		Yes		No	
3. Have you reported all accidents coming to your attention?		Yes		No		Yes		No		Yes		No		Yes		No		Yes		No		Yes		No	
Signatures		Day Shift		1.		2.		3.		Swing Shift		1.		2.		3.		Grave Shift		1.		2.		3.	
				Kenneth Fralich								Dick Kokoszki								Eugene R Coates					
Signatures		2.								2.								2.							
Signatures		3.								3.								3.							

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